

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005685

FILED  
May 18, 2009  
Secretary of State

Entity Name: AMVETS OF NASSAU COUNTY POST 2007 INC.

**Current Principal Place of Business:**

37216 WINE DR  
HILLIARD, FL 32046

**New Principal Place of Business:**

**Current Mailing Address:**

37216 WINE DR  
HILLIARD, FL 32046

**New Mailing Address:**

FEI Number: 20-8982902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GARVER, GARY A  
46174 MIDDLE RD  
CALLAHAN, FL 32011      US

**Name and Address of New Registered Agent:**

HOWARTER, JACK L  
37024 SOUTH OAK STREET  
HILLIARD, FL 32046      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACK L HOWARTER

05/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: GARVER, GARY A  
Address: 46174 MIDDLE RD  
City-St-Zip: CALLAHAN, FL 32011

Title: VP      ( ) Delete  
Name: ALLEN, ROGER  
Address: 17218 HODGES RD  
City-St-Zip: HILLIARD, FL 32046

Title: SEC      ( ) Delete  
Name: WINE, DANA E  
Address: 37216 WINE DR  
City-St-Zip: HILLIARD, FL 32046

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: HOWARTER, JACK L  
Address: POBOX 935/ 37024 SOUTH OAK STREET  
City-St-Zip: HILLIARD, FL 32046

Title: VP      (X) Change ( ) Addition  
Name: OWENS, ALBERT  
Address: 30306 CR 121  
City-St-Zip: HILLIARD, FL 32046

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK L HOWARTER

P

05/18/2009

Electronic Signature of Signing Officer or Director

Date